

8-22-01

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EL 759668598 US

# UTILITY PATENT APPLICATION TRANSMITTAL

PTO/SB/05 (03-01)

08/21/01

Attorney Docket No.:	CS11055	Total Pages:	2
First-Named Inventor or Application Identifier	Yilin Zhao		
Title:	DATA TRANSMISSION FOR MOBILE WIRELESS COMMUNICATION DEVICES		
Express Mail Label No.:	EL 759668598 US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	<b>ADDRESS TO:</b>	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>	
2. <input checked="" type="checkbox"/> Specification	Total Pages: <input type="text" value="24"/>
3. <input checked="" type="checkbox"/> Drawings	Total Sheets: <input type="text" value="6"/>
4. <input checked="" type="checkbox"/> Oath or Declaration with Power of Attorney	Total Pages: <input type="text" value="3"/>
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)	
b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)	
i. <input type="checkbox"/> <u>Deletion of Inventor(s):</u> Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b))	
5. <input type="checkbox"/> Incorporation by Reference ( <i>useable if Box 4b is checked</i> ) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
6. <input type="checkbox"/> Application Data sheet. See 37 CFR 1.76	
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission	

## ACCOMPANYING APPLICATION PARTS

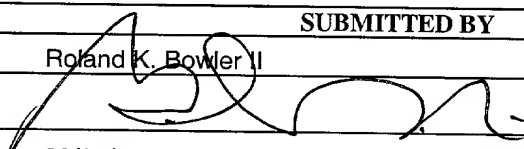
8. <input checked="" type="checkbox"/> Assignment Papers ( <i>cover sheet and document(s)</i> )
9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )
11. <input type="checkbox"/> Information Disclosure Statement (IDS) Form PTO/SB/08 <input type="checkbox"/> Copies of IDS Citations
12. <input type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ( <i>should be specially itemized</i> )
14. <input type="checkbox"/> Certified Copy of Priority Document(s)

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09/23/01  
08/21/01

15.	<input type="checkbox"/>	Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
16.	<input type="checkbox"/>	Other:
17.	<b>IF A CONTINUING APPLICATION</b> <i>check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:</i>	
	<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional
	<input type="checkbox"/> Continuation-in-Part (CIP)	Prior Appl. No. _____
Prior Appl. information:   Examiner:   Group/Art Unit:		

CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/>	Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below
NAME	Roland K. Bowler II Attorney for Applicant(s)				
Reg. No.	33,477				
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CITY	Libertyville	STATE	IL	ZIP CODE	60048
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SUBMITTED BY			
NAME	Roland K. Bowler II	Reg. No.	33,477
SIGNATURE			
DATE	08/21/01	Deposit Account User ID	13-4768

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PTO/SB/17 (11-00)		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b>  Patent fees are subject to annual revision		Application Number	
		Filing Date	
		First Named Inventor	Yilin Zhao
		Examiner Name	
		Group Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 750.00	Attorney Docket No.	CS11055

### METHOD OF PAYMENT

**FEE CALCULATION (continued)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to
- Deposit Account Number
- Deposit Account Name
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
- 
2. ☐ Payment Enclosed:
- ☐ Check ☐ Credit Card ☐ Money Order ☐ Other

### FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		Fee Paid
101	710	201	365	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1)	(\$) <b>710.00</b>
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## 2. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims	20	-20**=	0	X	18	=	
Independent Claims	3	-3**=	0	X	80	=	
Multiple Dependent					270	=	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims Over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

<b>SUBTOTAL (2)</b>	<b>(\$)</b> 0
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\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above

## SUBMITTED BY

Name (Print/Type)	Roland K. Bowler II
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Signature

Registration No.

33.477

Telephone

847-523-3978

Mail Date

08/21/01

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